

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CEMETERY BOARD

INFORMATION FOR COMPLETING CEMETERY ASSOCIATION APPLICATION FORM

Organizing a Cemetery Association

Seven or more residents of the same county may form a cemetery association. They shall meet, select a chairperson and secretary, choose a name for the Association, fix the annual meeting date, and elect by ballot not less than three nor more than nine trustees. Immediately following the election, the chairperson and secretary shall divide the trustees by lot into three classes, who shall hold their offices for one, two and three year terms, respectively. Within three days of the meeting, the chairperson and secretary shall certify the corporate name of the Association, the names, home addresses and business addresses of the organizers and the trustees, and their classifications, and the annual meeting date acknowledged by them and return the certification to the Cemetery Board. The Association then has the powers of a corporation.

Exemptions for Certain Cemeteries

In lieu of delivering a certification, resolution or copy of proceedings to the Cemetery Board, a Cemetery Association that is not required to be licensed under Wis. Stats. § 440.91(1) or registered under Wis. Stats. § 440.91(1m) shall deliver the certification, resolution or copy of proceedings to the office of the register of deeds of the county in which the cemetery is located.

Annual Report Requirement

Cemetery Associations formed under Wis. Stats. § 157.062 are required to file an annual report with the Cemetery Board. The report is due March 1st of each year. Cemetery Association Annual Report (**Form #3171**) will be mailed to the Association at its principal office address on record with the Department of Safety and Professional Services at least 60 days before the report is due or can be printed from the Department's website at www.dsps.wi.gov.

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APPLICATION FOR CEMETERY ASSOCIATION CERTIFICATION

NO FEE REQUIRED

Name Selected for Association <input type="text"/>		Date of Initial Meeting to Form Association <input type="text"/> / <input type="text"/> / <input type="text"/>	
County where all Organizers Reside <input type="text"/>		Date of Annual Meeting: (month/day) <input type="text"/> / <input type="text"/>	
Address of Principal Office of the Association (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Chairperson selected by the Organizers <input type="text"/>		Chairperson of the Cemetery Association's Signature <input type="text"/>	
Secretary selected by the Organizers <input type="text"/>		Secretary of the Cemetery Association's Signature <input type="text"/>	
Email Address of Chairperson or Secretary <input type="text"/>			

Organizers: list minimum of seven (7) who all reside in the county listed above. (attach additional sheet(s) if necessary)

1. Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		
2. Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		
3. Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

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4. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

5. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

6. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

7. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Trustees: list minimum of three (3) and maximum of nine (9) who were elected by the Organizers to hold office for the terms indicated below:
(attach additional sheet(s) if necessary)

CLASS 1: One Year Term

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

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CLASS 2: Two Year Term

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

CLASS 3: Three Year Term

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Chairperson or Secretary: Date: / /